2023 APPLICANT INFORMATION FORM

For additional information on this Application Workbook, please refer to the §85.21 Application Guidelines for CY2023

County of						
Primary Contact for this C	Grant Program					
Name						
Telephone Number				Exten	sion	
Email Address						
Application Preparer (if di	fferent than primary contact)					
Name						
Organization						
Telephone Number				Exten	sion	
Email Address						
Applicant Status	Place your initials in box to the right county government or an agency of			, ,	• •	
	organized as a non-profit under Wi	is. Stat. 46.82(1)(a)	3 are not eligible	e to apply for this g	rant.	
Organization Info	Place your initials in the box certify been updated in the BlackCat Onli					
	best of your knowledge.	ne Grant Managen	ioni Oysiom (Oil	no) and are true ar	id correct to the	
Federal Grant Match	Please place an "X" next to any fed	deral grant that will	be using §85.21	funds as local ma	ntch.	
	5310	5307		5311		
	Other (Please explain)					
Coordination	Please identify the county's coording	nated plan name, g	oal(s) and page	number(s) in whic	h your §85.21 pro	oject(s) is/are
	Title of Coordinated Plan:					
The goal(s) and/or strategies from which your project is included:						
Page number(s) of the Coordinated plan in which						
tne	goals may be referenced:					
Assessibility Please indicate whether or not §85.21 state aid will be used for the transportation of persons who cannot walk or persons who walk with assistance during the calendar year.						
YES]					
NO	(If no, please explain how the Ame ambulatory and non-ambulatory pa			equirements for eq	uivalency of serv	ice between